

PERSONAL CARE PLAN OF CARE AND PROVIDER INSTRUCTIONS

RECIPIENT'S NAME: _____

DATE: _____

✓	ACTIVITIES OF DAILY LIVING	FREQUENCY	CHECK SPECIFIC INSTRUCTIONS
	Bathing		<input type="checkbox"/> sink <input type="checkbox"/> tub <input type="checkbox"/> shower <input type="checkbox"/> bed bath as tolerated
	Care of Teeth		<input type="checkbox"/> give/set-up equipment <input type="checkbox"/> rinse mouth <input type="checkbox"/> brush <input type="checkbox"/> teeth/dentures
	Care of Skin		<input type="checkbox"/> lotion after bath <input type="checkbox"/> check skin for redness/breaks <input type="checkbox"/> foot care
	Care of Hair		<input type="checkbox"/> brush/comb hair <input type="checkbox"/> shampoo hair ___ x week <input type="checkbox"/> assist w/shampoo
	Care of Nails (Do not clip)		<input type="checkbox"/> clean under nails <input type="checkbox"/> file only <input type="checkbox"/> soak feet
	Dressing		<input type="checkbox"/> assist as needed with clothing <input type="checkbox"/> buttons <input type="checkbox"/> hooks <input type="checkbox"/> shoelaces <input type="checkbox"/> zippers
	Meal Preparation		<input type="checkbox"/> assist/prepare/serve <input type="checkbox"/> follow prescribed diet <input type="checkbox"/> follow restrictions
	Eating		<input type="checkbox"/> cut food <input type="checkbox"/> spoon feed <input type="checkbox"/> encourage
	Medications (Do not administer)		<input type="checkbox"/> remind <input type="checkbox"/> prompt <input type="checkbox"/> open bottle/container for recipient
	Toileting		<input type="checkbox"/> remind <input type="checkbox"/> assist <input type="checkbox"/> bed pan <input type="checkbox"/> diaper <input type="checkbox"/> empty foley bag
	Transferring		<input type="checkbox"/> assist as needed <input type="checkbox"/> hoist lift <input type="checkbox"/> two persons only
	Ambulation		<input type="checkbox"/> Encourage (use of cane, walker) <input type="checkbox"/> wheelchair <input type="checkbox"/> braces <input type="checkbox"/> assist
	Straightening Area		<input type="checkbox"/> keep living area neat and clean <input type="checkbox"/> refrigerator <input type="checkbox"/> dishes <input type="checkbox"/> bathroom
	Laundry		<input type="checkbox"/> wash recipient's personal clothing <input type="checkbox"/> linen and towels
	Changing Bed		<input type="checkbox"/> change bed linen as needed <input type="checkbox"/> remake bed
	Food Shopping/Pharmacy		obtain receipts and return to recipient
	Escort		<input type="checkbox"/> accompany to medical services <input type="checkbox"/> accompany to workplace
	Infection Control		follow Personal Care Services Program guidelines and/or Universal Precautions

Administrative Protocol	
Emergency	In case of an emergency provider will Call 911, notify the Case Monitor at _____, notify responsible guardian and/or emergency contact, _____ at _____.
Admission to Hospital or Nursing Home	Immediately report to the Case Monitor/Program Coordinator any admission of recipient to a nursing home or hospital.
Eligibility	Call EVS 1-866-710-1447, the first of each month
Provider is to contact Case Monitor	When absences, vacations occur for provider or recipient and if health status changes.
Other protocols if necessary	

I have reviewed and understand the contents of this document. These are the only functions to be performed unless otherwise instructed by the Case Monitor. I understand that I will not be paid as a provider during the time of hospitalization/nursing home stay except for the day of admission and discharge if services were provided.

Provider's Signature

I have reviewed and understand the contents of this document. These are the only functions to be performed by this provider unless otherwise instructed by the Case Monitor. I understand that my provider will not be paid for any services during my inpatient stay at a hospital or nursing home facility.

Recipient's Signature

Case Monitor's Signature

